

# Consumer Profile

Report Date: 09-20-2020

Client:

Last 4 SSN:

Birthdate:

Address:

Begin Date:

City State Zip:

Age:

Gender:

Email Address:

Copy Given:

☐

IL Plan:

County:

At Risk to Move to Nursing Home:

☐

Race:

Don't Include in Mailings:

☐

Hispanic:

Exit Status:

Referral  
Source:

Exit Reason:

Planned Contact Frequency:

Exit Date:

Anticipated Program Services Duration:

Reason Seeking Services/Services Needed	
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Consumer Service In Progress	Services Delivered
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## Phone Numbers

Phone Type	Phone Number
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## Disabilities

Disability Description:	Primary
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## Intake

Living:	Education:	Employment:	Annual Income:
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## Exit

Living:	Education:	Employment:	Annual Income:
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Notes:

### Confidentiality:

All information pertaining to you and your family will be kept confidential unless you request us to release the information in writing or we are required to do so by court order. You may review your record at any time. Any state and/or federal grantors or auditors may choose your file for the purpose of review to determine DRCS compliance with state and/or federal laws and/or standards. These entities are bound by all state and federal laws regarding confidentiality. My right to confidentiality has been explained to me

YES ☐

### Eligibility Statement:

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Disabilities Resource Center Siouxland

## DETERMINATION OF ELIGIBILITY TO RECEIVE IL SERVICES:

DRCS assists persons with significant physical, sensory, cognitive or mental disabilities, their families and the eastern Oregon community at large to become aware of and to use services and options available to them in their communities. Eligibility is determined by requirements of Sec. 364.51 which requires a service provider to determine the applicant's eligibility and maintain documentation that the applicant has met the basic requirements specified in Sec. 364.40 below. Significant disability means a severe physical, mental, cognitive or sensory impairment that substantially limits an individual's ability to function independently in the family or community or to obtain, maintain, or advance in employment and for whom the delivery of independent living services will improve the ability to function, continue functioning or move toward functioning independently in the family or community or continue employment.

Section 364.40:

The Rehabilitation Act Amendment defines Individual with a disability as an individual who –

\_\_\_\_\_ (1) Has a physical, mental, cognitive, or sensory impairment that substantially limits one or more of the individual's major life activities;

\_\_\_\_\_ (2) Has a record of such an impairment; or

\_\_\_\_\_ (3) Is regarded as having such an impairment.

Do you believe that your disability meets this definition?

YES ☐ NO ☐

### [IL Waiver](#)

DRCS is interested in assisting you with the development and achievement of your independent living goals. We may simply recommend a particular goal or goals or you may wish to develop a written plan setting forth your goals and date for completion of your plan. Goal setting and developing actions steps for achieving goals is highly recommended and a skill that may benefit you throughout your life.

Developing a full plan is not necessary for you to receive services from this center and you may waive such a full service plan at this time.

I choose to develop an Independent Living Plan.

YES ☐ NO ☐

I waive the development of an independent living plan at this time.

YES ☐ NO ☐

### [Rights](#)

If as a consumer you are unsatisfied with a decision concerning eligibility, other decisions or the services we indicated you may Step 1) seek mediation with the Independent Living Specialist (ILS) Step 2) If not satisfied with the ILS's decision you may submit your grievance to the Chief Executive Officer. The Executive Director will respond in writing within 72 hours. Step 3) If not satisfied with the Executive Director's decision, you may request a review from the Board of Directors, in writing. The Board of Directors will render a decision within 10 working days from the review request date. Step 3) if you are still not satisfied with the decision you may contact the client assistance program (CAP) at 1-800-652-4298 to request a formal review. Refer to your client handbook for complete instructions and information.

My right to contact CAP has been explained to me.

YES ☐

Apply your signature here.

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Applicant Signature

Print Name

Date

Parent, Guardian or Representative  
Signature

Print Name

Date

Counselor Signature

Print Name

Date

Witness Signature

Print Name

Date